

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9KZKAPL		19-13-01
O.I.P.E. CLASSIFIER		19	7/26/
FORMALITY REVIEW	KM	1019	08.23.01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓	Rejected	N	..... Non-elected
=	Allowed	I	..... Interference
—	(Through numeral)	A	..... Appeal
÷	Restricted	O	..... Objected

**BEST AVAILABLE**

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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